

## Issue 10 May 11, 2007

### Inside this Issue:

University Students Learn from One of Navy's Top Nurses 2

Surgeon General Stresses Supporting Deployment Medical Readiness Among IAs Must Be Top Priority 2

Navy Medicine Begins Lean Six Sigma Training; Customer Satisfaction Processes Taught in Jax 4

New Dental 'C' School Opens in San Diego 5

### Items of Interest:

**Nutrition Makes a Stand in Navy Fitness.** With the spring Physical Readiness Test cycle, the Navy is ensuring Sailors are aware of the fitness of healthy living and diet. The Navy has registered dietitians throughout the fleet to assist with healthy meal planning, weight loss counseling and other nutrition needs. In many cases, Sailors can also visit their command's Health Promotion Department to obtain nutritional information and assistance. The Navy has instituted a number of new programs to help Sailors achieve a culture of wellness. The ShipShape program is specifically designed to provide basic information on nutrition, physical activity, and techniques to lower and maintain an acceptable body weight. Commands interested in starting a ShipShape program can go to the Navy Environmental Health Center (NEHC) site at [www-nehc.med.navy.mil/hp/shipshape/index.htm](http://www-nehc.med.navy.mil/hp/shipshape/index.htm)

# Navy and Marine Corps Medical News

*A Public Affairs Publication of the Bureau of Medicine and Surgery*

## Defense Department Releases Findings of Mental Health Assessment

By Sgt. Sara Wood, USA, American Forces Press Service

**WASHINGTON** – A Defense of Department (DoD) study, released May 4, has found the military has a robust system in place to deal with mental health issues, but longer and more frequent deployments are causing strain on service members, a Defense Department study has found.

The fourth Mental Health Advisory Team (MHAT) survey, MHAT IV, was conducted in August and September. For the first time, the survey included Marines in the study group. The MHAT was composed of behavioral health professionals who deployed to Iraq and surveyed soldiers, Marines, health care providers, and chaplains, Army Maj. Gen. Gale Pollock, the acting surgeon general of the Army, told reporters at the Pentagon.

The MHAT IV team found that not all Soldiers and Marines deployed to Iraq are at equal risk for screening positive for a mental health symptom, and the level of combat is the main determining



**WASHINGTON** – A team of military medical doctors holds a news briefing at the Pentagon, May 4, to review some of the findings and recommendations of the latest Mental Health Advisory Team survey. This study -- the fourth since 2003, assesses the mental health and well-being of deployed U.S. Army and Marine Corps troops serving in Iraq. Pictured are (left to right) Marine Corps Col. William P. Nash, Army Col. Carl Castro, Navy Rear Adm. Richard Jeffries, Army Maj. Dennis McGurk, and Army Maj. Gen. Gale S. Pollock, commander, U.S. Army Medical Command and acting Army surgeon general. *Department of Defense photo by R.D. Ward*

factor of a service member's mental health status, Pollock said. For soldiers, deployment length and family separation were the top non-combat deployment issues, whereas Marines had fewer non-combat deployment issues, proba-

*(Continued on page 3)*



**YOKOSUKA, Japan** – A ship's serviceman donates blood during a blood drive aboard amphibious command ship USS Blue Ridge (LCC 19) April 25. *U.S. Navy photo by Mass Communication Specialist Seaman Jesse Shuey*

## University Students Learn from One of Navy's Top Nurses

By Chief Mass Communication Specialist Robin Nelson, Navy Office of Community Outreach Public Affairs

**OMAHA, Neb.** - The deputy commander of Navy Medicine, National Capital Area, met with Creighton University School of Nursing staff and students May 1 while participating in Omaha Navy Week.

Rear Adm. Karen Flaherty began with a brief summary on how she got started in the Navy and how she balances the demands of her career with her civilian/family life. She then spoke about the Naval Nurse Corps with the deepest passion.

"For close to 100 years, the Navy Nurse Corps has provided the finest health care to our men and women in uniform and our retired heroes," Flaherty said. "With visionary insight, dynamic leadership and clinical expertise, our nurses in the active and reserve component have been key members of the military medicine team from World War I to

the present global war on terrorism."

She spoke of adapting to the advances in professional nursing practice and aligning with the mission of the armed forces from the basis of the Nurse Corps future.

"It is our commitment to readiness and the ability to provide the finest care anytime, anywhere that makes military nurses unique and essential to the armed forces," Flaherty said.

Flaherty then spoke on how the care given to the troops cannot be accomplished by the Navy Nurse Corps alone.

"If we are to remain a viable element of military medicine, we must continue our outstanding record of collaboration with all government and non-government organizations," she said.

She then referenced the recent collaboration with non-government nurses in Indonesia and on the Gulf Coast of the United States providing care due to the devastation from



**OMAHA, Neb.** - Rear Adm. Karen Flaherty, Deputy Commander, Navy Medicine, National Capital Area, tells her story to students at Creighton University School of Nursing and highlights the benefits of the Navy's Nursing programs May 1. *U.S. Navy photo by Chief Mass Communication Specialist Gary Ward*

(Continued on page 4)

## Surgeon General Stresses Supporting Deployment Medical Readiness Among IAs Must Be Top Priority

By Capt. Neal A. Naito, Bureau of Medicine and Surgery Office of Public Health

**WASHINGTON** - Currently, both Navy Active and Reserve personnel are deploying in unprecedented numbers to the CENTCOM area of responsibility (AOR) as individual augmentees (IA) in support of the armed services' missions.

This large movement of Navy personnel to potentially extreme environments in a non-traditional combat role has unique medical readiness requirements that need to be closely adhered to and monitored by all Navy personnel, medical and otherwise, involved in the mobilization and augmentation process in order for deployments to occur on time.

Although IAs and their commanding officers are ultimately responsible for their readiness to deploy, the Navy Surgeon General,

Vice Admiral Donald Arthur, points out in his memorandum to regional Bureau of Medicine and Surgery (BUMED) commanders released April 6 that we in Navy Medicine can do much more to assist them in arriving at the Navy Mobilization Processing Center (NMPC) and Navy Individual Augmentee Combat Training (NIACT) fully ready from an Individual Medical Readiness (IMR) standpoint and not lose valuable training time nor expend extra resources in correcting medically related deficiencies.

The key to ensure that Navy Medicine personnel with orders to deploy to the CENTCOM AOR are fully medically ready is through the mandatory use of both the Expeditionary Combat Readiness Center (ECRC) IA checklist and the Army form DA 7425 by medical/dental personnel when performing health/dental record screenings. Both

forms can be obtained from Navy Knowledge Online. Further important information is contained on the BUMED website on Navy Medicine Online as well.

Recurrent problem areas with IMR among IAs include the requirements for having extra glasses, gas mask inserts, UVEX inserts, current PPD shots and other immunizations, up to date physical health assessment with Pap smear and mammogram as indicated; up to date HIV and other labs; and deployment limiting conditions that weren't fully assessed prior to arriving at NMPS. A corollary to the latter is the physical requirement to be able to carry about 48lbs of gear (body armor, gun, helmet, etc) several miles both in pre-deployment training and in CENTCOM since the risk of being involved in actual combat

(Continued on page 4)



**WASHINGTON** - Rear Adm. Richard Jeffries, medical officer of the Marine Corps, (shown with Marine Corps Col. William P. Nash (left) and Army Col. Carl Castro (center), both contributors to the study) responds to a reporter's question during a May 4 Pentagon news briefing concerning the release of findings from the latest Mental Health Advisory Team survey. The survey -- the fourth conducted since 2003, assesses the mental health of deployed U.S. Army and Marine Corps troops in Iraq. *Department of Defense photo by R.D. Ward*

## Mental Health Assessment continued...

(Continued from page 1)

bly because of their shorter deployment periods, she said.

The team recommended behavioral outreach efforts that focus on units that are in theater longer than six months and determined that shorter deployments or longer intervals between deployments would allow Soldiers and Marines better opportunities to reset mentally before returning to combat.

For the first time since the MHAT program was started in 2003, this assessment included questions about battlefield ethics, Pollock said. Of those surveyed, 10 percent of soldiers and Marines reported mistreating noncombatants or damaging property when it was not necessary, she said.

The survey also found that only 47 percent of Soldiers and 38 percent of Marines agreed that noncombatants should be treated with dignity and respect. More than one-third of all Soldiers and Marines reported that torture should be allowed to save the life of a fellow Soldier or Marine, and less than half of Soldiers or Marines said they would report a team member for unethical behavior.

In the report, mistreating noncombatants was defined as either stealing from a noncombatant, destroying or damaging property when it wasn't necessary, or hitting or kicking a noncombatant.

These findings may seem alarming, Pollock said, but it is important to keep them in perspective. These troops have been seeing their friends killed and injured, and anger is a normal reaction, she said. However, what's important to note is that the troops who had these thoughts did not act on them and actually mistreat any noncombatants.

"What it speaks to is the leadership that the military is providing, because they're not acting on those thoughts," she said. "They're not torturing the people. And I think it speaks very well to the level of training that we have in the military today."

Other key findings of the report include:

-- The 2006 adjusted rate of suicides per 100,000 sol-

diers in Operation Iraqi Freedom was 17.3 Soldiers, lower than the 19.9 rate reported in 2005, but higher than the Army average of 11.6 per 100,000 Soldiers.

-- Soldiers experienced mental health problems at a higher rate than Marines.

-- Deployment length was directly linked to morale problems in the Army.

-- Leadership is key to maintaining Soldier and Marine mental health.

-- Both Soldiers and Marines reported at relatively high rates -- 62 and 66 percent, respectively -- that they knew someone seriously injured or killed, or that a member of their team had become a casualty.

-- Only 5 percent of Soldiers reported taking in-theater rest and relaxation leave, although the average time deployed was nine months.

-- Multiple deployers reported higher acute stress than first-time deployers. Deployment length was related to higher rates of mental health problems and marital problems.

-- Current suicide prevention training is not designed for a combat environment.

-- Behavioral health providers require additional combat and operational stress-control training prior to deploying to Iraq.

Since the MHAT IV report was presented to the Multinational Force Iraq commander and service leaders in November, the Army and Marine Corps have implemented changes to improve behavioral health care, Pollock said. The Army has revised teaching curriculum and operational training to include more focus on Army values, suicide prevention, battlefield ethics, and behavioral health awareness in all junior-leader-development courses, she said.

The Marine Corps has been developing deployment-cycle training since 2003, said Navy Capt. William P. Nash, coordinator of the Combat/Operational Stress Control Branch of the service's Manpower and Reserve Affairs directorate. Marines, leaders and families all receive training in identifying, managing and preventing mental health problems, he said.



## Navy Medicine Begins Lean Six Sigma Training; Customer Satisfaction Processes Taught in Jax

By Larry Coffey, Navy Medicine Support Command Public Affairs Office

### NAVY MEDICINE SUPPORT COMMAND, JACKSONVILLE, Fla.

— The first wave of Navy Medicine Lean Six Sigma green belt training for NMSC and Navy Medicine East commands was held here April 23–27.

The 21 graduates will serve as team members, responsible for measuring, analyzing and improving processes at their command, said Felix Nazareno, Navy Medicine Support Command (NMSC), a lead black belt for the Navy Medicine Lean Six Sigma program support office here.

Lean Six Sigma, or LSS, is a process evaluation and improvement method being implemented across Navy Medicine and the Navy operational/line community. Navy Medicine Support Command is the LSS program manager for Navy Medicine. The customer satisfaction-focused LSS program combines

two approaches to process evaluation and improvement, said Capt. Judy A. Logeman, director, Process Management and Integration at the Bureau of Medicine and Surgery in Washington.

Lean is an analytical method that identifies wasted effort in an existing business process and focuses on streamlining for efficiency. Six Sigma is an evaluation method that focuses on quality and aligns business processes with customer requirements and needs.

The new green belts spent the week studying and practicing LSS language, concepts and techniques, said Scott A. Olivolo, NMSC Credentials and Privileging director and a graduate of the green belt training.

The class was taught by instructors from Booz Allen Hamilton, a management consulting firm that works with private business and government.

"Gaining the perspective of private sector consultants who actually managed Lean Six Sigma pro-

jects for large corporations truly gave me a perspective on how significant Lean Six Sigma can be to Navy Medicine," Olivolo said.

Prior to volunteering to be LSS green belt trained, Olivolo was a team member on a black belt project studying the Navy contracted healthcare worker credentialing process, the process used to verify a medical provider's qualifications and licensing. He said his future green belt project will likely focus on the privileging vice credentialing process, where a healthcare worker is given authorization by a Navy clinic or hospital to see patients in a its facility.

Besides the amount of training and expertise, Olivolo said the differences between green and black belts include the amount of time spent working LSS projects.

"Green belts typically work on LSS projects on a part-time basis,

*(Continued on page 5)*

## Deployment Readiness continued...

*(Continued from page 2)*

is ever present. Health/dental record documentation of completed requirements must accompany IAs or else it may be repeated at the NMPS or NIACT site.

Personnel with a psychiatric diagnosis on medications are currently non-deployable since they cannot receive

small weapons instructions. However, this status can be waived per OPNAVINST 3591.E. Refer to this instruction for complete details on the waiver process. The waiver is to be completed by the IAs parent command prior to their arriving at the NMPS. It presents an undue administrative burden on the NMPS to oversee this process for the IA.

## Navy Top Nurses continued...

*(Continued from page 2)*

Mother Nature.

Flaherty concluded by saying clinical proficiency, readiness and joint operations are the present and future of military nursing.

"To meet these challenges, we must be on the cutting edge of clinical nursing, provide the finest care to our troops and welcome the opportunity to provide care in a joint environment," she said.

Flaherty's 34 years of service in the Navy impressed the nursing students along with her insight into the future of nursing.

"Our theme this year for nurse's week is 'Nursing A Profession of Passion,' and she (Flaherty) really exemplifies that," said Nancy Shirley, program chair of the Link-

ing Education and Practice program.

Flaherty spent 30 minutes answering questions about what Navy nurses do and the different Navy nursing programs and scholarships available.

"It is wonderful to know that there are leaders out there such as the admiral impacting the health care of our military members," said Anna Nolette, assistant professor at the University School of Nursing. "Knowing that her direction and leadership are out there, the only thing that can follow is great care for our service members."

Other featured events during Omaha Navy Week, April 30 to May 6, will include Flaherty throwing out a first pitch at an Omaha Royals baseball game, the Defenders of Freedom Air Show and local Sailors conducting "Caps for Kids" visits at area children's hospitals.

## New Dental 'C' School Opens in San Diego

Naval School of Health Sciences San Diego Press Release

**SAN DIEGO** - The Naval School of Health Science San Diego opened the Expanded Function Dental Assistant School at Naval Station San Diego (EFDA) April 24 during a ribbon cutting ceremony at the new school that had all the Navy tradition and a touch of warmth.

The 18-week EFDA program provides students with 10 weeks of didactic lectures and clinical lab studies, and eight weeks of hands-on clinical rotations.

"It is a team approach," said Capt. James Strother, EFDA department head. "It works because you have one doctor and five technicians treating three patients at the same time. We work smarter, increase procedures and maintain the quality of care for our patients. It is a win, win situation."

For example, technicians will be taught practice management – the process of treating multiple patients at one time by having the EFDA place tooth restorations or make temporary restorations after the

doctor has prepared the teeth.

The official party attending the ceremony included senior leadership throughout Navy Medicine including Capt. Robert Hutto, Navy Medicine West chief of staff; Capt. Robert Quinones, commanding officer of Navy Medicine Manpower, Personnel, Training & Education, the school's parent command; and Capt. Robin McKenzie, commanding officer, Naval School of Health Sciences.

"The EFDA Program is very near and dear to my heart, I have been working on the concept for many years, and the school is specifically devoted toward teaching expanded functions dental assistants to provide quality treatment," said Hutto. "Today's dental technicians want to do more, like their counterparts in the civilian practice."

The state of California has two programs in expanded functions, and now the Navy has one that will provide its graduates with a Navy Enlisted Code (NEC) which will allow the Navy graduates to practice in their field of expertise, Hutto explained.

That desire to do more was evident when the 25 student billets were filled by volunteers in one week despite the two years it took to complete the building renovations.

"My overall goals are to have better access to care and preventive measures because expanded function is one huge part of the nervous system," said Hutto. "We have to have dental assistants in the clinic who understand and know how to utilize expanded functions."

The first EFDA students and the instructors alike are excited about the opportunities the new program will provide.

"It's an honor to be able to go to this school, and I am excited to continue my education in the dental technician field," said Hospital Corpsman 3rd Class Mario Portillo, a fleet Sailor attending the first class. "I love being in this field of expertise, and to stay in it you pretty much have to go to the Expanded Functions Dental Assistant School if you want to excel."

## Lean Six Sigma continued...

*(Continued from page 4)*

managing only one or two projects, while the expectation for black belts is full-time dedication, managing several projects," Olivolo said.

Green belt training was given

simultaneously in San Diego. Felipe G. Velasco Jr., a LSS master black belt from the NMSC Program Management Office, said green belt training will continue to be offered throughout Navy Medicine. Future training sites will also include Bethesda, Md., and Portsmouth, Va. All total, 200 Navy Medicine green belts will be trained in eight classes through the end of fiscal year 2007, Nazareno said. More information on LSS or future training is available from Mr. Gregory Boatright at 904-542-7200, ext. 8283. The DSN prefix is 942. Boatright is a LSS master black belt at NMSC.

Logeman said the LSS program taught at Jacksonville is proven and has the potential to optimize business and clinical processes throughout Navy Medicine. She said Navy

Medicine is currently bringing the process on board as illustrated by the ongoing green belt training. The Navy Medicine goal is to institutionalize the LSS process and ensure continued alignment with SECNAV, OPNAV and Military Health System LSS initiatives.

Vice Adm. Donald Arthur, the U.S. Navy surgeon general, said, "Navy Medicine's commitment to serving our nation's heroes and their families compels full support for this transformational initiative. I am strongly committed to Lean Six Sigma as the foundation for transforming Navy Medicine to meet our critical national security mission and institutionalizing a culture of continuous process improvement throughout our organization."



Bureau of Medicine and Surgery  
2300 E Street NW  
Washington, DC 20372-5300

Public Affairs Office  
Phone: 202-762-3221  
Fax: 202-762-1705